



Military Time and Date of This Report 1005		Time 9/16/94		17 Date 084		Occurrence on or From 084		23 Time 084		27 Date		Day of Week		Occurrence Through 0935		Time 0935		Date							
Offense(s) if Any Forcible Rape Unlawful Imprisonment										P.L. Section				If fire related, was structure <input type="checkbox"/> Occupied <input type="checkbox"/> Vacant				If burglary, was entry forced? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Attempt							
Last Name, First, M.I. Hought, Jennifer										Address, include City, State, Zip 130-16 Inwood ST JAMAICA NY 11430										Apt. No.					
Home Telephone 529-3644										Business Telephone										Actions of Victim Prior to Robbery, Larceny or Sex Crimes walking to school				Aided/Acc. No.	
34 Victim's Sex 1-Male 2-Female 3-Corp 4-State 2		35 Age 16		37 Victim's Race 1-White 2-Black 3-Amer. Ind. 4-Asiatic 5-Hisp/White 6-Hisp/Black 5		37A Living Together? 1-Yes 2-No 2		38 Can Identify? 0-If No. If yes, indicate if victim states perp. is 1-Spouse 4-Parent / 6-Friend 2-Common Law Spouse 7-Stranger 3-Child 5-Other Relative 6		38A Victim Was: 1-Shot 2-Stabbed 3-Both 5		39 Comp. Rec'd 1-Radio 2-Walk-in 3-Phone 4-Written 5-Pick-up 5		Will View Photo? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				Will Prosecute? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Reporter / Witness No. 1 5		Witness <input type="checkbox"/>		Last Name, First S/A/A		Address, include City, State, Zip										Apt. No.									
Home Telephone		Business Telephone		Position / Relationship				Sex		Race		Date of Birth		Age											
Type of Location (Specific) house		Address / Location of Occurrence 123-46 Inwood ST										41 Sector / Beat / Post of Occ.		44 Visible by Patrol <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
53 Pct of Arrest		56 Arrest No. S		61 Rep. Ag'cy Code 00		Det. Sqd. Case No.		Victim notified of Crime Victim Comp. Law		<input type="checkbox"/> Yes <input type="checkbox"/> No															
Evidence		Voucher No.		Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		Unit Referred To Sex Crimes		Log No.																	
Plate <input type="checkbox"/> Lost <input type="checkbox"/> Stolen		License No.		State		Exp.		Type		No. of Plates		Vin No.													
Year		Make		Model		Style		Color		Value		Ins. Code		Policy No.		Larceny of Motor Vehicle Only P-Parking Lot Q-Public Garage J-Street M-Other									
Voucher No.		Vehicle was <input type="checkbox"/> Used in Crime <input type="checkbox"/> Stolen		Alarm No.		Pct.		Time		Date															
THIS AREA FOR MISD CODER USE ONLY										3. Coder ID		33. Time Code		40. Loc Code		45. PD Code		48. Burg/Larc		49. Weapon		50. Clear			
LOST <input type="checkbox"/>		STOLEN <input type="checkbox"/>		If stolen, was property <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Both		Owner Identification No.		Property Summary																	
Quantity		Article		Description-Brand, Model, Serial No.		Item		64		66 Value Stolen		72 Value Recovered													
						Motor Vehicle Stolen-Rec'd		01																	
						M V Rec'd By Or For Other Auth		02																	
						Currency		04																	
						Jewelry		05																	
						Furs, Clothing		06																	
						Firearms		07																	
						Office Equip.		08																	
						TV's Radio Cameras		09																	
						Household Goods		10																	
						Consumables		11																	
						Misc.		13																	
Total No. of Perpetrators 1		Wanted <input checked="" type="checkbox"/>		Arrested <input type="checkbox"/>		Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (If firearm, give color, make, calibre, type, model, etc.)																	
Perp. No. 1 Wanted <input checked="" type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I. KENNY PETTY		Address, include City, State, Zip										Apt. No.		Res. Pct. 113							
Sex M		Race B		Date of Birth [redacted]		Age 16		Height 5 Ft. 7		Weight 130		Eye Color BR		Hair Color BL		Hair Length short		Facial Hair		Accent					
Glasses <input type="checkbox"/> Eye <input type="checkbox"/> Sun		Nickname, First Name, Alias KAZOO		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") blue jeans / t-shirt white & blue stripe shirt																					
Perp. No. 2 Wanted <input type="checkbox"/>		Arrested <input type="checkbox"/>		Last Name, First, M.I.		Address, include City, State, Zip										Apt. No.		Res. Pct.							
Sex		Race		Date of Birth		Age		Height		Weight		Eye Color		Hair Color		Hair Length		Facial Hair		Accent					
Glasses <input type="checkbox"/> Eye <input type="checkbox"/> Sun		Nickname, First Name, Alias		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details") white sneakers																					
List Additional Victims & Witnesses - Reconstruct Occurrence including Method of Entry & Escape - Include Unique or Unusual Action AT T/P/O ABOVE victim states she was walking to school and put blunt object into her back and told her "keep walking" victim then heard a "clicking" noise and assumed object was a gun and complied. Perp then walked victim to a house force her upstairs into a room, pushed her down on to a bed and did forcibly pulled down her pants and did forcibly place his penis into her vagina. Perp then kept victim against her for approx. 20. victim then struck																									
Pct. Latent Print Team <input type="checkbox"/> Yes <input type="checkbox"/> No		Crime Prevention Survey <input type="checkbox"/> Yes <input type="checkbox"/> No		Complaint Report Prepared By		Title		Command																	
Reporting/Investigating Officer's Name, Signature P.O. Boeth		Name Printed P.O. Boeth		Tax Registry No. 89703		Command 106																			
Supervisor Approving		Tax Registry No.		Command																					

perp with plastic bottle causing perp to fall and victim did free.

Phone No.

Spital
Vichus
2030

Perkins
SILVA